

# Spotlight

## on Your Benefits

Spring 2009

*Published by the Department of Human Resource Management  
Commonwealth of Virginia*

## What to Expect in July

### COVA Care

- **No premium increase for basic health plan:**
  - Basic health plan - Program again absorbs higher health care costs.
  - Optional buy-ups - Costs rise slightly.
- **Annual deductible increases:**
  - One person goes to \$225 from \$200
  - Two or more people goes to \$450 from \$400
- **Specialist office visit increases** to \$40 from \$35, except for certain therapy coverage
- **Non-medical behavioral health specialist decreases** to \$25 from \$35
- **Emergency room and outpatient hospital visits increase** to \$125 from \$100
- **Outpatient diagnostic services coinsurance increases** to 20 percent from 10 percent
- **Infusion services coinsurance increases** to 20 percent from 0 percent
- **Prescription drug program changes:**
  - Tier 1 copay remains \$15
  - Tier 2 copay increases to \$25 from \$20
  - Tier 3 copay increases to \$40 from \$35
  - Tier 4 copay of \$50 added for specialty drugs
- **New ID card and member handbook issued:** Update your address and other personal information using EmployeeDirect or give changes to your agency Benefits Administrator.

### COVA Connect

- **Pilot launched in specific Hampton Roads zip codes:** Out-of-pocket expenses and premiums the same as COVA Care. See page 6.

### Health and Flexible Benefits Open Enrollment

April 15 – May 15, 2009

Changes in effect  
July 1, 2009 – June 30, 2010

[www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)



### COVA HDHP Plan

- **No changes.**

### Kaiser Permanente HMO Plan

- **No premium increase.** Program again absorbs higher health care costs.
- **Service area expands:** See page 5.
- **Out-of-pocket maximum added:**
  - One person - \$3,500
  - Two or more people - \$9,400
- **Specialist office visit increases** to \$20 from \$10
- **Emergency room visit increases** to \$75 from \$50
- **Outpatient hospital visit increases** to \$50 from \$10
- **Prescription drug program adds tiers 2 and 3**

### Flexible Reimbursement Accounts

- **Monthly pre-tax administrative fee reinstated:** You pay \$3.67 for one or both accounts. See page 7.
- **New VISA reimbursement card for Medical FRA:** New IRS rules take effect for using card. See page 7.

### Ineligible Dependent Audit

- **Penalties apply if you cover ineligible family members:** Program provides amnesty period during Open Enrollment to make changes. See page 2.

# Your Choices This Year at Open Enrollment

## April 15 – May 15

Annual Open Enrollment is the time to make decisions about your health benefits and flexible reimbursement accounts (FRAs) for next year. Consider your choices carefully after reviewing all Open Enrollment information. You may:

- **Enroll in, waive or change your health plan.** Consider your individual health care needs and the options available. See page 4.
- **Update your health care membership.** Add, remove or correct dependent information. Take advantage of the amnesty period to remove ineligible family members without penalty. See below.
- **Enroll in a Medical and/or Dependent Care FRA.** Consider the tax savings of an FRA. You have to enroll each year to participate. See page 7.

All Open Enrollment changes will be in effect from July 1, 2009 – June 30, 2010.

**REMEMBER! Submit your Open Enrollment actions by Friday, May 15.**

**If you take no action,** you will remain in your current health plan unless you live in the COVA Connect pilot area.

**Health Benefits Enrollment  
and Information Online!**

**Visit *EmployeeDirect*  
on the Web 24/7**

***Open Enrollment*  
April 15 – May 15, 2009  
[www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)**

## Remove Ineligible Family Members from Your Plan!

**The State Health Benefits Program will conduct an audit of state health plans after July 1, 2009.** Take advantage of an amnesty period during Open Enrollment to avoid stiff penalties for carrying dependents who do not qualify. **Correct information now** and remove individuals who should not be covered on your state health plan. Changes you make will take effect July 1:

- Remove anyone who is not eligible. You risk suspension from the health benefits program for up to three years if you cover individuals who do not qualify.
- Provide a valid social security number (SSN) or taxpayer identification number (TIN) for each covered family member.

**Don't risk losing your health benefits.  
Take action now!**



## Who May Be Covered on My Plan?

- Your spouse
- An unmarried dependent child who lives at home or away at school and receives over one-half of his or her support from the employee. Living at home for natural or adopted children may mean living with the other parent. Eligible dependent children may be covered to the end of the year in which they turn 23 and include:
  - Your biological child, legally adopted child, or stepchild living with you in a parent-child relationship. The stepchild's principal place of residence must be with the employee and the stepchild must be a member of the employee's household.
  - A child placed in your home under a pre-adoptive agreement approved by the State Health Benefits Program or under a permanent court order granting you sole permanent custody.
  - Dependent children age 23 or older with a disability that qualifies them for coverage. Certain conditions apply, and the plan must approve a request to continue coverage.
  - Other children whom the program determines qualify as dependent children.
- **No one else is eligible!** For more information, see Enrolling and Making Changes at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

# Monthly Premiums for July 1, 2009 – June 30, 2010

For the second year, health benefits program reserves will absorb increases in employee monthly premium costs. The program's expenses continue to rise and will likely be reflected in future premiums.

Health Care Plans		You Only	You Plus One	You Plus Two or More
<b>COVA Care/COVA Connect</b> (with basic dental)	<b>Employee Pays</b>	<b>\$41</b>	<b>\$101</b>	<b>\$144</b>
	Total Premium	\$485	\$898	\$1,313
<b>COVA Care/COVA Connect</b> + Out-of-Network	<b>Employee Pays</b>	<b>\$53</b>	<b>\$117</b>	<b>\$165</b>
	Total Premium	\$497	\$914	\$1,334
<b>COVA Care/COVA Connect</b> + Expanded Dental	<b>Employee Pays</b>	<b>\$56</b>	<b>\$130</b>	<b>\$187</b>
	Total Premium	\$500	\$927	\$1,356
<b>COVA Care/COVA Connect</b> + Out-of-Network + Expanded Dental	<b>Employee Pays</b>	<b>\$67</b>	<b>\$145</b>	<b>\$207</b>
	Total Premium	\$511	\$942	\$1,376
<b>COVA Care/COVA Connect</b> + Expanded Dental + Vision & Hearing	<b>Employee Pays</b>	<b>\$66</b>	<b>\$149</b>	<b>\$212</b>
	Total Premium	\$510	\$946	\$1,381
<b>COVA Care/COVA Connect</b> + Out-of-Network + Expanded Dental + Vision & Hearing	<b>Employee Pays</b>	<b>\$77</b>	<b>\$163</b>	<b>\$231</b>
	Total Premium	\$521	\$960	\$1,400
<b>COVA HDHP</b> High Deductible Health Plan	<b>Employee Pays</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	Total Premium	\$389	\$721	\$1,054
<b>Kaiser Permanente</b> HMO	<b>Employee Pays</b>	<b>\$40</b>	<b>\$99</b>	<b>\$140</b>
	Total Premium	\$478	\$882	\$1,287

*Full-time Employee, Employee on Military Leave, VSDP Short-Term Disability: Pays the Employee amount*  
*Part-time Classified Employee: Pays the total premium.*

## How To Contact Your Plan

COVA Care	
• Medical, vision and hearing	Anthem 800-552-2682
• Behavioral Health and EAP	ValueOptions 866-725-0602
• Prescription Drug	Medco 800-355-8279
• Dental	Delta Dental 888-335-8296
COVA Connect	
• Medical, vision, hearing • Behavioral Health and EAP • Prescription Drug	Optima Health 866-846-COVA (2682) or (757) 687-6350
• Dental	Delta Dental 888-335-8296
<b>Kaiser HMO</b>	Kaiser 800-777-7902 or 301-468-6000 in Washington, D.C.
<b>COVA HDHP</b>	Anthem 800-552-2682

# 2009 Benefits At A Glance

In-Network Benefits - per plan year (unless otherwise stated)	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
<b>Deductible</b>			
• One person	\$225	\$1,200	None
• Two or more persons	\$450	\$2,400	None
<b>Out-of-pocket expense limit</b>			
• One person	\$1,500	\$5,000	\$3,500
• Two or more persons	\$3,000	\$10,000	\$9,400
<b>Doctor's visits</b>			
• Primary Care Physician	\$25	20% after deductible	\$10
• Specialist	\$40	20% after deductible	\$20
<b>Hospital services</b>			
• Inpatient	\$300 per stay	20% after deductible	\$100 per admission
• Outpatient	\$125 per visit	20% after deductible	\$50 per visit
<b>Emergency room visits</b>	\$125 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
<b>Outpatient diagnostic, lab tests, shots and x-rays</b>	20% after deductible	20% after deductible	\$0 lab, pathology, radiology, diagnostic testing
<b>Infusion Services</b>	20% after deductible	20% after deductible	\$10
<b>Outpatient therapy visits</b>			
• Occupational, physical and speech therapy	\$35	20% after deductible	\$20
• Chiropractic	\$35	20% after deductible	\$20
<b>Behavioral Health visits</b>			
• Non-medical professional*	\$25	20% after deductible	\$20
• Medical professional	\$40	20% after deductible	\$20
<b>Employee Assistance Program (EAP)</b> <i>Up to 4 visits per incident</i>	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b>			
• Retail Pharmacy	<i>Up to 34-day supply:</i> \$15/\$25/\$40/\$50	<i>Up to 34-day supply:</i> 20% after deductible	<i>Up to 60-day supply</i> • Medical Center Pharmacy: \$10/\$20/\$35 • Community participating pharmacy: \$20/\$40/\$55
• Home Delivery Pharmacy (Mail Service)	<i>Up to 90-day supply</i> \$30/\$50/\$80/\$100	<i>Up to 90-day supply</i> 20% after deductible	<i>Up to 90-day supply</i> \$8 /\$18/\$33

\*Includes licensed professionals with a master's or PhD degree.

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
<b>Wellness &amp; Preventive Services</b>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Through age 6</li> <li>Age 7 and older</li> <li>Adult</li> </ul>	<ul style="list-style-type: none"> <li>Office visits at specified intervals, immunizations, lab and x-rays</li> <li>Annual check-up visit (primary care or specialist), immunizations, lab and x-rays</li> <li>Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening.</li> </ul>		
<b>Basic Dental</b>			
Maximum Benefit - per member (except Orthodontic)	\$2,000	\$2,000	\$1,000
Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person
Diagnostic and preventive	\$0, no deductible	\$0, no deductible	See fee schedule
Primary (basic) care	20% after deductible	20% after deductible	See fee schedule
<b>COVA Care and COVA Connect</b>			
<b>Optional Buy-Ups for Additional Premium – See Plan Member Handbook or visit <a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a></b>			
• Expanded Dental	Available	Included	Included
• Out-of-Network	Available	Not available	Not available
• Vision & Hearing	Available	Not available	Routine vision only

For more information about your health benefits, visit [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or contact your agency Benefits Administrator.

## Kaiser Permanente HMO Expands Service Area

The current Kaiser service area in Northern Virginia has expanded to include zip codes in the following areas:

City or County	Service Area Zip Codes
Caroline	22546, 22580, 22538 and 22535
Culpeper	22736
Fauquier	22720, 20119, 22728
Fredericksburg	All zip codes
Hanover	23015
King George	All zip codes
Louisa	23024, 23117
Orange	22508, 22567, 22960
Stafford	All zip codes
Spotsylvania	All zip codes
Westmoreland	22443

Employees who live or work in the service area may be in the Kaiser plan. More information will be provided at meetings in April.

Also visit the Kaiser link on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) under Employee Benefits, Health Benefits or call Member Services toll free at 1-800-777-7902 or at (301) 468-6000 in the Washington, D.C. metro area.

Meeting Location	Date	Times
Germanna Community College Fredericksburg Campus	April 27	3:00 p.m. & 5:00 p.m.
Phase II – Workforce Building Sealy Auditorium, Room 134 10000 Germanna Point Drive		



## COVA Connect Pilot in Hampton Roads

The Commonwealth of Virginia is introducing a new, innovative approach to health care. The COVA Connect regional pilot will begin July 1 for employees who live in certain Hampton Roads zip codes. Employees who live in the pilot area will receive an insert in this issue. If this new concept is successful, the Commonwealth will be at the forefront among employers in using state-of-the-art processes to help improve the health of its workforce. COVA Connect will use an integrated database, state-of-the-art technology, enhanced customer service and individual health coaches to help health plan members get and stay healthy. Members will have access to additional wellness tools for achieving their personal health goals.

### COVA Connect Pilot Area

City	Zip Codes
Chesapeake	23320 - 23328
Hampton	23630, 23651, 23661, 23663 - 23670, 23681
Norfolk	23501 - 23515, 23517 - 23521, 23523, 23529, 23541, 23551
Poquoson	23662
Portsmouth	23701 - 23705, 23707 - 23709
Suffolk	23432 - 23439
Virginia Beach	23450 - 23467, 23471, 23479

#### For employees living in the Hampton Roads pilot area:

- **COVA Care members:** If you take no action, COVA Connect will be your plan including any buy-up option you have selected. You will be moved automatically from COVA Care.
- **COVA HDHP members:** You may take no action or elect COVA Connect during Open Enrollment.
- **Plan premiums will be the same** as COVA Care.
- **Plan out-of-pocket expenses (deductible, copayments, coinsurance, etc.) will be the same** as COVA Care.
- **The plan administrator will change to Optima Health for:**
  - Medical benefits
  - Prescription drug benefits
  - Behavioral health benefits
  - Employee Assistance Program (EAP)
- **The plan administrator will continue to be Delta Dental** for dental benefits.

If you move into or out of the pilot area during the plan year, you may change your health plan within 31 days of the date you move. For more information, visit the Enrolling and Making Changes link at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).



# Why Have a Flexible Reimbursement Account?

Enroll in a Medical or Dependent Care FRA to save on your health care out-of-pocket costs. You pay for your eligible medical or dependent care expenses with pre-tax dollars, which saves you money.

## FRA Contribution Guidelines

- **You may contribute \$10 or more each pay period** to both a Medical and Dependent Care FRA, up to \$5,000 per plan year. Make your contributions in whole dollars.
- **An administrative fee will be reinstated** beginning July 1. The monthly pre-tax fee is \$3.67 for an employee who enrolls in one or both accounts.
- **There is an Internal Revenue Service calendar year limit** for Dependent Care FRAs. If you enroll in a Dependent Care FRA for the plan year beginning July 1, carefully evaluate your elections to be sure they remain within the IRS limits. If you exceed the calendar year maximum set by the IRS, you will lose some of the pre-tax benefit.
- **Use It or Lose It!** You must use all of the money in your plan year account by June 30. It cannot be carried over into the next plan year.
- **File on Time:** Remember to file for reimbursement on time or lose the remaining money in your accounts. File for reimbursement by:

**Sept. 30, 2009**, for an FRA ending June 30, 2009.

**Sept. 30, 2010**, for an FRA ending June 30, 2010.

*See the Flexible Benefits Program Sourcebook for more information.*

**IMPORTANT! You must enroll each year in an FRA.  
Current FRAs will end on June 30.**



## Introducing the myFBMC Card<sup>SM</sup> Visa<sup>®</sup> Card!

A new *myFBMC Card Visa Card* will replace the current *EZ Reimburse<sup>®</sup>* card beginning July 1. The convenience is still there. Only the card has changed.

**You will automatically receive two cards** from Fringe Benefits Management Company (FBMC) when you enroll in a Medical FRA. Keep your cards to use each plan year until their expiration date. It is your decision whether or not to activate and use your card. Filing a paper claims reimbursement form is still an option.

## IRS Rules for Medical FRA Reimbursement Cards

The *myFBMC Card Visa Card* lets you pay for medical expenses upfront. When you enroll in a Medical FRA and choose to receive the card, be aware that certain Internal Revenue Service (IRS) rules will apply.

First, you must document that the claim expense may be reimbursed from your Medical FRA. That's not an issue if the card is used with a provider, such as a doctor or hospital, and the charge is exactly equal to your copayment amount. The charge will also be accepted automatically if non-health care merchants, such as grocery and drug stores, use an inventory information approval system (IIAS). **Effective July 1, your card will only work at grocery and drug stores with the IIAS.** For a list of stores with an IIAS, visit [www.myFBMC.com](http://www.myFBMC.com).

When there is no matching copayment or IIAS in place, you need to submit documentation after you use the card to Fringe Benefits Management Company (FBMC), the Flexible Benefits plan administrator. Your card will be deactivated if you don't submit supporting documentation. See the Flexible Benefits Program Sourcebook for additional details.

For more information, visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov), Employee Benefits, Flexible Benefits Program; [www.myFBMC.com](http://www.myFBMC.com) or call FBMC at 1-800-342-8017.

*Visit [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)  
for more Open Enrollment  
and benefits information.*

*Open Enrollment is  
April 15 - May 15, 2009.*

8

## Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## Additional Special Enrollment Rights

If you are eligible for health coverage, but not covered in a state health plan, beginning April 1, 2009 there are two additional circumstances under the Health Insurance Portability and Accountability Act (HIPAA) that will permit you to enroll. You may enroll when:

- You or your dependent lose coverage in Medicaid or the State Children's Health Insurance Program (CHIP) and you request coverage under the plan within 60 days of the time your coverage ends; or
- You or your dependent become eligible for a Medicaid or CHIP premium assistance subsidy and you request coverage under the plan within 60 days after your eligibility is determined.